



# House of Representatives

General Assembly

**File No. 525**

*January Session, 2013*

Substitute House Bill No. 5267

*House of Representatives, April 16, 2013*

The Committee on Human Services reported through REP. ABERCROMBIE of the 83rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## ***AN ACT CONCERNING THE REGIONAL DELIVERY OF HUMAN SERVICES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-6 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective July 1, 2013*):

3 (a) There shall be a regional administrator who shall be in  
4 unclassified service for each of the regions established pursuant to  
5 subsection (b) of this section, to oversee and coordinate programs and  
6 services within the region.

7 (b) The Commissioners of Social Services, [and Public Health,]  
8 Children and Families, Developmental Services and Mental Health  
9 and Addiction Services and the Secretary of the Office of Policy and  
10 Management, on behalf of other state agencies, shall ensure that the  
11 following intra-agency and interagency goals are addressed and met:  
12 (1) The establishment by the Office of Policy and Management

13 pursuant to section 16a-4a of not more than [six] eight uniform  
14 regional service delivery areas to be developed in consideration of (A)  
15 county geographical [size] borders; (B) general population distribution;  
16 (C) agency target population and caseload; (D) location of department  
17 facilities; (E) the accessibility of transportation for clients to service  
18 delivery offices and for workers to clients and (F) any federal  
19 requirements; (2) the coordination by the Office of Policy and  
20 Management pursuant to section 16a-4a of the regional service  
21 delivery areas of other state agencies which provide services closely  
22 linked with health and human services programs with the regional  
23 service delivery areas developed pursuant to subdivision (1) of this  
24 subsection; (3) the decentralization of the service delivery operations of  
25 each agency to provide as much autonomy as possible to each regional  
26 office enabling the office to respond effectively to the particular service  
27 needs of the region; (4) coordinated control and direction for programs  
28 to ensure consistency and uniformity among the regions in the  
29 development and provision of services; (5) the development of a  
30 strategic planning unit in the office of each commissioner to centralize  
31 policy development and planning within the agency and promote  
32 interagency coordination of health and human services planning and  
33 policy development; (6) development of a common intake process for  
34 entry into the health and human services system for information and  
35 referral, screening, eligibility determinations and service delivery; (7)  
36 the creation of a single application form for client intake and eligibility  
37 determinations with a common client identifier; (8) development of a  
38 commonly-linked computerized management information system with  
39 the capacity to track clients and determine eligibility across programs;  
40 (9) the coordination of current advisory boards and councils to provide  
41 input and expertise from consumers, advocates and other interested  
42 parties to the commissioners; [and] (10) the encouragement of  
43 collaborations that will foster the development and maintain the client-  
44 focused structure of the health and human services system, as well as  
45 involve partnerships between clients and their service providers; (11)  
46 the establishment of a regional funding allocation formula based on  
47 factors including, but not limited to, percentage of overall

48 departmental caseload in each region; and (12) the coordination of  
49 staff, resources, office space and technology to allow access at any one  
50 regional office to programs and services administered by the  
51 Departments of Social Services, Children and Families, Developmental  
52 Services and Mental Health and Addiction Services.

53 (c) Notwithstanding any provision of the general statutes, any  
54 agency participating in the commonly-linked computerized  
55 management information system developed pursuant to subdivision  
56 (8) of subsection (b) of this section shall provide the name, address,  
57 date of birth and Social Security account numbers of the agency's  
58 clients to any agency using said system. Such information shall only be  
59 utilized by agencies participating in the system for accomplishing the  
60 goals set forth in subdivisions (6), [and] (8) and (12) of subsection (b) of  
61 this section. The information supplied by the agencies under this  
62 subsection shall not be subject to disclosure under sections 1-200 and 1-  
63 210 to 1-212, inclusive.

64 (d) Not later than January 1, 2014, the Commissioners of Social  
65 Services, Children and Families, Developmental Services and Mental  
66 Health and Addiction Services, in consultation with the Secretary of  
67 the Office of Policy and Management, shall submit a joint report, in  
68 accordance with the provisions of section 11-4a, to the joint standing  
69 committees of the General Assembly having cognizance of matters  
70 relating to human services and public health detailing a plan to offer  
71 one-stop services or referrals to services offered by the Departments of  
72 Social Services, Children and Families, Developmental Services and  
73 Mental Health and Addiction Services at any one regional office of said  
74 departments. The plan shall include, but not be limited to, provisions  
75 concerning: (1) The consolidation of office space and relocation of staff,  
76 where necessary, to offer such one-stop services or referrals to services  
77 at (A) fifty per cent of office locations of said departments not later  
78 than December 31, 2015, and (B) one hundred per cent of such office  
79 locations not later than December 31, 2016; (2) the development of a  
80 commonly-linked computerized management information system not  
81 later than January 1, 2016, with the capacity for (A) clients to complete

82 a single application for services offered by said departments, and (B)  
83 departments to track clients and determine eligibility for all programs  
84 administered by said departments; and (3) a fiscal analysis of the  
85 savings projected from the coordinated delivery of such services.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>July 1, 2013</i>	17b-6
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**HS**      *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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**OFA Fiscal Note****State Impact:**

Agency Affected	Fund-Effect	FY 14 \$	FY 15 \$
Various State Agencies	GF - See Below	See Below	See Below

**Municipal Impact:** None**Explanation**

The bill changes which state agencies must meet certain interagency service regionalization goals, adds two more such goals to the current requirements, and requires up to eight, rather than six, service delivery areas. These requirements impact the Departments of Social Services, Children and Families, Developmental Services, and Mental Health and Addiction Services.

The bill requires the departments to submit a report to the General Assembly detailing a plan to offer one-stop service or referrals at regional offices. The plan must include provisions concerning office consolidation, staff relocation, common information technology (IT) development, and a fiscal impact of the service coordination.

The fiscal impact of the bill will be dependent upon the plan developed by the departments, which cannot be known at this time. Potential areas of cost could include IT procurement to establish a linked computer system, additional staffing and leasing for the expansion to eight regional offices, and personnel costs related to coordination and planning efforts among the departments. These costs could be offset by consolidation of office space and duplicative staffing.

***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

**OLR Bill Analysis****sHB 5267*****AN ACT CONCERNING THE REGIONAL DELIVERY OF HUMAN SERVICES.*****SUMMARY:**

This bill changes which state officials are required to ensure that several intra-agency and interagency service regionalization goals are met. Current law places this responsibility on the commissioners of Social Services (DSS) and Public Health (DPH) and the Office of Policy and Management (OPM) secretary. The bill removes the DPH commissioner from this list and adds the commissioners of Children and Families (DCF), Developmental Services (DDS), and Mental Health and Addiction Services (DMHAS). The bill also modifies one such goal and adds two more.

By January 1, 2014, the bill requires the DSS, DCF, DDS, and DMHAS commissioners, in consultation with the OPM secretary, to submit a joint report to the Human Services and Public Health committees that details a plan for the departments to offer one-stop services or service referrals at any of their regional offices.

EFFECTIVE DATE: July 1, 2013

**REGIONAL SERVICE DELIVERY GOALS**

The current intra-agency and interagency service regionalization goals include the following, among others:

1. establishment by OPM of up to six uniform regional service delivery areas to be developed in consideration of geographical size and other specified factors,
2. decentralization of each agency's service delivery operations,

3. development of a common intake process for entry into the health and human services system, and
4. development of a commonly-linked computerized management information system able to track clients and determine eligibility across programs.

The bill adds the following two goals:

1. establishment of a regional funding allocation formula based on factors including the percentage of overall departmental caseload in each region, and
2. coordination of staff, resources, office space, and technology to allow access at any one regional office to DSS, DCF, DDS, and DMHAS programs and services. The bill allows the agencies to use client personal information in the commonly-linked computerized management information system to accomplish this goal.

The bill also requires OPM to establish up to eight uniform regional service delivery areas instead of six and, in doing so, consider county borders instead of geographical size.

#### **REPORT REQUIREMENT**

The bill requires, by January 1, 2014, the DSS, DCF, DDS, and DMHAS commissioners, in consultation with the OPM secretary, to submit a joint report to the Human Services and Public Health committees. The report must detail a plan for the departments to offer one-stop services or service referrals at any of their regional offices. The plan must include provisions include:

1. office space consolidation and staff relocation, where necessary, to offer such one-stop service or service referrals at (a) 50% of department office locations by December 31, 2015 and (b) 100% of such office locations by December 31, 2016;
2. development of a commonly-linked computerized management



information system by January 1, 2016 with the capacity for (a) clients to complete a single application for services offered by the departments and (b) the departments to track clients and determine eligibility for all department programs; and

3. a fiscal analysis of the projected savings from the service delivery coordination.

## **BACKGROUND**

### ***Human Service Regions***

DCF has six regions covering the state, with service areas in each. DDS and DSS each have three regions covering the northern, southern, and western parts of the state, but DSS maintains either a large regional office or a sub-office within the larger regions. DMHAS has five service regions throughout the state.

## **COMMITTEE ACTION**

Human Services Committee

Joint Favorable Substitute

Yea    18    Nay   0    (04/03/2013)